



English Informed Consent Form: Z Factor Drama Participation

Introduction

The Z Factor Community Mental Health Public Engagement Project is inviting you to participate in a survey, an interview or group discussion about mental health attitudes and stigma in your community. The project also seeks your permission to take pictures, videos and audio recordings during the workshops, dramas or any other project activity in which you may be a part of. There are no monetary benefits to your participation. Your views will help mental health researchers and service providers find ways to improve their services or priority areas. The pictures and videos will be used in the project publications such as the internet and hard copy project materials. You are free to agree in part or in whole to this consent form. Should you wish to be part of the activities mentioned in this consent form, it will not prevent you from taking part in the drama competitions or community discussions. You are free to opt out of the activities or to change your consent decision at any point during the activities. Your participation or decision to be recorded is voluntary. Declining to participate or to give your consent will not affect your relationship with the Z Factor project team. By printing your name and signature below you would have given your consent.

Statement of consent to take part in a survey, discussion or interview.

I understand that the information from the survey questionnaire, semi structured interview or focus group discussions will capture my views about mental health attitudes and stigma in my community. I understand that this information will be analysed as part of the project outputs and published. I also understand that the information may be used in the future as awareness raising or educational material. I also understand that the information may be uploaded onto the internet, analysed by other mental health researchers and or published in various academic and non-academic platforms.

- | | | |
|---|-----|--------------------------|
| • I agree to take part in a survey | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| • I agree to take part in a group discussion | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| • I agree to take part in an interview | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |



Statement of consent to be recorded

I understand that audio recordings will be taken during the course of the public engagement activities and will be used in the future as awareness raising or educational material. I also understand that the information may be uploaded onto the internet, analysed as research outputs and or published in various academic and non-academic platforms.

- | | | |
|--|-----|--------------------------|
| • I agree to being audio recorded | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| • I agree to being video recorded | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| • I agree to being photographed | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

Name of Participant

Date

Signature of the Participant

Name of the Facilitator

Signature of the Facilitator

Date

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP



Zimbabwe Early Intervention in Psychosis

